## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT **CORPORATION** ANNUAL REPORT 1997

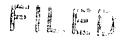


FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State -**DIVISION OF CORPORATIONS** 

DOCUMENT # P96000048895 (2)



97 JUN 20 MM 7: 45

SECRETARY OF STATE

ACRP, INC.				TALLAHASSEE FLORIDA		
Dein aland Dia						
Principal Place of Business Mailing Address				4 104 104 104 104 104 104 104 104 104 10		
150 NO FEDERAL HIGHWAY STE 200 150 NO FEDERAL HIGHWAY FORT LAUDERDALE FL 33301 FORT LAUDERDALE FL 33						
				3. Date Incorporated or Qualified 06/06/1996	3a. Date of Last Report	
<b>⊢</b> ⊸ '	Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26	<del></del>	65-0672296	Not Applicable	
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	le .	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation has liability for i	ntangible tax under s. 199.032,	
241	9. Name and Address of Curre		30	Florida Statutes  10. Name and Address of New Re	Yes No	
		in riogational rigorit	81 Name	10. Name and Address of New Re	Ristaten Wildelin	
THEREO, DOTHER EGO.						
	RT LAUDERDALE FL 33301	.00	82 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)		
10,	TI DADDENDALE PE 33301		83			
1						
			84 City		FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.050	02 and 607, 1508. Florida Statute	es the above-named core	poration submits this statement for the n	Urnose of changing its registered	
office or r	registered agent, or both, in the State am familiar with, and accept the oblig	of Florida, Such change was a	uthorized by the corporal	poration submits this statement for the p tion's board of directors. I hereby accep	t the appointment as registered	
i	am aminar with, and accept the oblig	BILIOTIS OI, SUCTION DUY, USUS, FIO	moa Statutes.			
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable (NOTE	: Registered Agent signature requi	red when reinstating)	DATE	
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE		
TITLE	D	DELETE	1.1 TO LE		Change Addition	
NAME	WILKES, JOHN P		1.2 NAME			
STREET ADDRESS	150 NO FEDERAL HIGHWAY		1.3 STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL 3330		1.4 CITY - ST - ZIP	المراجع المراج	ودائل والمراجع والمرا	
THTLE		☐ DELETE	2.1 TITLE	1000022	7-01013-018	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREE1 ADDRESS	************************************	i.00 ***165.00	
CITY-ST-ZIP			2.4 CITY - ST - ZIP			
TITLE		DELETE	3.1 TOLE		☐ Change ☐ Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME			4. 2 NAME		İ	
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE	4	☐ DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS	>		5.3 STREET ADDRESS			
CITY-ST-ZIP	7 ( )	T office	5.4 CITY - ST - ZIP	· · · · · · · · · · · · · · · · · · ·		
TITLE		☐ DELETE	G.1 TITLE		Change Addition	
NAME	-		6.2 NAME			
STREET ADDRESS		1	6.3 STREET ADDRESS			
CITY-ST-ZIP		//	6.4 CITY - ST - ZIP			

14. I do hereby certify that the information supplied with this filly information indicated on this annual report or supplemental I am an officer or director of the corporation or the received appears in Block 12 or Block 13 if changed, or or an an officer. no does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the impediate report is true and accurate and that my signature shall have the same legal effect as if made under oath, that of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my home ment with an address.